

SBAR (issue, project/program proposal)

1. Situation: (Brief description of the current issue or situation requiring project/program.)

Local public health agencies are allowed to bill Medicaid managed health plans for an office visit. WIC agencies with MO HealthNet NPIs for the agency and the performing provider may bill for a minimal office visit and for a hemoglobin lab performed during a certification or re-certification of MO HealthNet eligible WIC clients. The agency should be able to substantiate its costs exceed any amounts received from other sources of funding.

Our agency has been billing these office visits well beyond my tenure of eleven years at our agency. We were in the “Fee for Service” area of the state until all counties were converted to managed care for the last couple years. Just recently we began receiving records requests for HEDIS audits. Initially we were instructed by the state WIC office to reply to those requests by indicating the patient record is unavailable, providing an explanation of “*WIC Record*.” (WIC Updates, February 25, 2019.)

On April 15, we received an email from Jason Seehusen stating it had been determined that local agencies that bill for Medicaid must provide the information for the required record collection for those names listed on the “Patient Pull List” or “Patient Medical Record Request.” However, agencies must not indicate that these records are WIC records or give any additional WIC information.

It was recommended that local agencies that bill Medicaid keep records separate from WIC records to allow for compliance with future HEDIS audits. Local agencies must also comply with all DSS/Medicaid requirements and protocol in order to bill. Also, we were to direct questions about the HEDIS audit to Keri Burk.

2. Background: (Relevant background data about current situation and current and past approaches to the situation)

Our agency has not kept paper WIC charts since the conversion to MOWINS approximately ten years ago. In 2018 my health department in-kind \$25,367.75 to the WIC program while generating \$25,189.99 in WIC dollars for the year. We in-kind over 100% of our revenue. All the while, we have seen declining Medicaid dollars over the last several years. In 2018 we generated only \$5,610.49 Medicaid revenue. Just five years prior we generated \$13,427.79.

Now we are being asked to invest additional staff time for record-keeping in order to bill office visits for a record that already exists in MOWINS. I followed up with a phone conversation to Keri Burk as was suggested. I thought surely that we could use the “Participant Summary” print out from MOWINS which has all the information requested for the HEDIS audit. We could black out the WIC participant ID and household numbers.

The first question Keri asked was whether our WIC clients sign a permission to bill Medicaid separate from any WIC paperwork. I informed her that they did not, nor have they ever. As you can imagine this left me feeling somewhat criminal until I talked to several colleagues and discovered that I was in the majority not the minority of agencies not gathering this “required” release to bill signature. I would like to know where the language is in black and white that dictates that such signature is collected when so many of us have never done this and in fact have been lead to believe it is not a requirement.

I was also informed that we cannot “print screen” anything from MOWINS because it is “going against federal regulation.” She encouraged me to keep a separate chart to which I explained would take additional staff time. If I am paying wages to a clerk, RN, and registered dietician to document everything twice it is not going to take long for my \$15.00 to \$17.00 Medicaid payment to vanish.

I was told that was just a decision I was going to have to make regarding whether the additional charting was worth my time. Perhaps it isn’t worth my time to track upward of \$25,000 in WIC in-kind in the future.

She did provide me a “cover sheet” example from a large agency in the southern part of the state. She suggested I use it for the release to bill signature and submit it as documentation. I explained to her that it did not capture all of the components that were being requested for audit such as progress notes and other things that constitute an “office visit.”

She encouraged me to contact DSS with my complaint. My complaint is not with DSS or with Medicaid it is with the fact that DHSS is directing me that I cannot use the “Participant Summary” information from the existing WIC chart to bill for an office visit. I tried to convey that MOWINS is the vehicle that captures the data just like an EMR.

3. Assessment: (Your assessment about the situation and description of project or program that might address the situation.)

My assessment of the situation is that that health departments have been informed that we are allowed to bill Medicaid for an office visit if we meet the required criteria. We have all the information needed for the HEDIS audit in the MOWINS record. I feel that we should be able to use that record instead of duplicating it into a separate paper chart.

4. Recommendation/ Request : (policy, personnel, other resources needed to accomplish the project or program)

The solution is simple; allow the required information from the MOWINS participant summary to be printed and submitted for a HEDIS audit. Also, provide clarity on whether in fact the WIC participant is required to sign a separate release to bill Medicaid.